U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 526

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name Otis	Edwards	Name	Boilermakers Local	549
		Labor	Organization File Number 53	15-609
P.O. Box, Bldg., Room No., if any		P.O. E	ox, Building and Room Numbe	er, if any
Street 2191 Piedmont Way		Street	2191 Piedmont Way	
City Pittsburg		City	Pittsburg	
State California	ZIP Code + 4 94565	State	California	ZIP Code + 4 94565
5. Position in labor organizatio	n. Assistant Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, enga- monetary value from an en	ged in transactions (including loans) with, or on the properties of the properties o	derived ir on repre :	come or other economic ber sents or is actively seeking t	nefit of to represent.
6. Name and address of Emplo	oyer (including trade name, if any).	7.a. Nat	ure of Interest, Transaction, or I	ncome.
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		7.b. Am	nint	
Street		7.5.7	ourt.	
City				
State	ZIP Code + 4	:		
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

On 8/3/2005

Date

925-427-4121

Telephone Number

Name of Person Filing (Otis Edwards	File Number U-
L		

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).		9. Business deals with:	
Name Western States JAC Trade Name, if any: P.O. Box, Bldg., Room No., if any	2	a. Labor Organization b. Trust	
Street 2 West Main City East Helena State Montana	ZIP Code + 4 59635	c. Employer	
10. If 9.b. or 9.c. is checked give trust	t or employer's name.	11.a. Nature of such dealing. Western States JAC competion dinner	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 100 persons attended and my portion was \$48.	
		12.b. Amount.	\$48

Name of Person Filing Otis Edwards	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Western States JAC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 West Main City East Helena State Montana ZIP Code + 4 59635 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.			
Name	Western States JAC dinner.			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,301 12.a. Nature of interest held or income received. 41 persons attended and my portion was \$56.00.			
	12.b. Amount. \$56			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a, Nature of payment.			
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Otis Edwards	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Western States JAC	a. Labor Organization b. Trust	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2 West Main	c. Employer	
City East Helena		
State Montana ZIP Code + 4 59635		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Western States JAC Board Meeting Breakfast.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$681	
	12.a. Nature of interest held or income received.	
	23 persons attended and my portion was \$30.00	
	12.b. Amount. \$30	

: \$